



Parameters of Practice: Guidelines for delegation, collaboration and teamwork in speech pathology practice

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Members of Working Party

Gillian Dickman, Program Manager Outpatients, Craigieburn Health Services, VIC
Hannah Halloran, Director Speech Pathology Services, Peninsula Health, VIC
Michelle Cimoli, Senior Clinician, Austin Health, Heidelberg, VIC
Sandra Gates, Victorian Paediatric Rehabilitation Services, VIC

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Executive Summary

Purpose

This document, *Parameters of Practice*, builds on the foundation of the *Scope of Practice* (Speech Pathology Australia 2003) and aims to:

- Define areas of clinical practice which are core to speech pathology clinical practice;
- Define activities which may be undertaken by various support staff under the direction and supervision of speech pathologists;
- Provide a framework for determining the roles of various professionals in assisting in the delivery of speech pathology services to clients.

Background

Economic and workforce data indicate that an ageing population and declining workforce will create significant labour shortages in the future (Australian Government Productivity Commission, 2005). Initiatives to train more professionals and recruit overseas trained workers will not be enough on their own. Speech Pathology Australia therefore supports a suite of initiatives to address workforce shortages. These may include increased flexibility of service delivery, increased emphasis on client-centred service models and changes in the scope of speech pathology practice - with a commensurate opportunity to delegate tasks traditionally undertaken by qualified staff.

Key Concepts Underlying Safe and Effective Service Delivery

Organisations introducing changes to work practices and job design must ensure that a *clinical governance framework* is in place to ensure safe and effective service delivery. This framework must specify the need for the development of:

- Protocols defining the scope of practice;
- Position descriptions specifying the tasks that an employee is responsible for performing;
- Processes to ensure minimum training requirements are provided;
- Processes to ensure that adequate supervision is provided;
- Formal processes for establishing competency such as credentialing and clinical privileging;
- Risk management plans indicating that risks associated with new and amended roles have been identified and addressed.
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Speech Pathology Australia supports changes to work practices only in the presence of a well-developed clinical governance framework to minimise risk to clients.

Tasks Not Suitable for Delegation

It must be acknowledged that communication and swallowing are core components of the Speech Pathologist's scope of practice and therefore, wherever possible, services in these domains should be delivered by speech pathologists rather than non-speech pathologists. However, in order to provide effective, timely and appropriate speech pathology services, Speech Pathology Australia recognises that delegation of certain tasks to support staff may be necessary in some contexts.

When delegating tasks, speech pathologists must recognise that there are key skills that can only be performed competently with the expert knowledge provided to the profession by the uniquely structured entry level curriculum. Successful performance of complex professional tasks such as assessment, differential diagnosis, clinical problem-solving and therapy planning relies on the integration of a broad but closely linked knowledge base. Therefore, these particular activities **are not suitable for delegation** to other professionals or support staff.

Further to this, Speech Pathology Australia recognises the following activities to be exclusive responsibilities of a speech pathologist:

- Informing clients and families about the type, frequency, and duration of services;
- Representing the speech pathology team in all collaborative, interprofessional and interagency meetings, correspondence and reports;
- Making all clinical decisions, including determining client selection for inclusion/ exclusion in caseload, and discharging clients from treatment;
- Communicating with clients, parents and family members about diagnosis, prognosis and treatment plan, unless these are done with explicit instructions from the speech pathologist;
- Conducting diagnostic assessments, evaluations or appraisals and interpreting obtained data in reports;
- Preparing individualised treatment plans and making modifications prior to or during implementation;
- Signing all formal reports.

Delegating to Allied Health Workers, Assistants, Aides and Multi-skilled Workers

The Speech Pathology Australia Code of Ethics (2000) states that speech pathologists must provide appropriate supervision and accept responsibility for the clinical and support staff assigned to them. When delegating a task traditionally undertaken by a speech pathologist to support staff **it is important that the speech pathologist understands that they, as the treating professional, are responsible and ultimately accountable for the patient care provided by staff under their supervision.** That is, the law would hold the advising/supervising speech pathologist liable as if they had carried out the intervention themselves. It is also imperative that the support worker is advised of the medico-legal and ethical implications of failing to observe the boundaries set for them within the employing organisation's clinical governance framework.

In addition to this, the delegating speech pathologist must ensure that:

- Support staff work within the agreed plan of care and the scope of training provided;
- The plan of care includes appropriate step-up and step-down strategies to enable the support worker to respond appropriately to the client's performance;
- Support staff are competent to perform the delegated task;
- Support staff are competent to perform appropriate monitoring procedures to allow adjustment of the program as per the agreed plan of care or in consultation with the speech pathologist;
- The speech pathologist is readily available for consultation and evaluations prior to, during and after the delegation.

Speech Pathology Australia supports the Australia Government policy 'Shaping our future - Australia's national strategy for vocational education and training 2004-2010' (Australian National Training Authority, 2003) and encourages speech pathologists to employ support staff who have undertaken nationally accredited training. There are currently no guidelines available for speech pathologists providing work-based training for support staff. In this situation therefore, speech pathologists must be prepared to undertake carefully structured and planned teaching activities and competency assessment tasks in line with the principles of adult learning theory. Ongoing review of competency must be built into practice.

It is also important to note that selecting tasks to be delegated is a complex activity and as such Speech Pathology Australia recommends that new graduate speech pathologists not be responsible for supervising support staff.

Teamwork in Speech Pathology Practice

Teamwork with clients, families, allied health professionals and other team members is an integral component of comprehensive and holistic client management and may be more effective for some clients than professionals working in isolation (Kavanagh & Cowan, 2004; Beers & Berkow, 2000). Speech pathologists may be involved in multidisciplinary, interdisciplinary or transdisciplinary teamwork to achieve positive outcomes for clients. The appropriate team approach should be selected by considering the needs of the client group within the relevant context.

When operating in a team environment where speech pathologists and/or other health professionals are to work outside their usual role or area of expertise, it is important to ensure this adjusted role is clearly defined and agreed upon by the managing organisation and is supported by a well developed clinical governance framework. It is essential for speech pathologists to ensure that in any team environment they are not practicing outside the Speech Pathology Australia Code of Ethics (2000).

Speech pathologists intending to delegate tasks to another professional are responsible for judging whether that individual is competent with regard to that specific activity. That is, the speech pathologist remains accountable for client safety when delegating tasks. **Speech Pathology Australia therefore recommends that when delegating or devolving traditional speech pathology tasks to another professional, consideration should be given to the granting of specified privileges for a specified term in a specified context.** Regular performance and competency reviews must be built into practice.

Purpose of this Paper

The scope of practice of the speech pathologist is dynamic and continuously evolving across a broad range of practice contexts. In many of these contexts a multidisciplinary, interdisciplinary or transdisciplinary approach may be taken for the achievement of positive outcomes for clients. However, until now speech pathologists in Australia have not had access to a framework to assist them in deciding which tasks are suitable for delegation and which are not. This document is intended to assist that process.

This paper aims to:

- Define areas of clinical practice which are core to speech pathology clinical practice;
- Define activities which may be undertaken by various support staff under the direction and supervision of speech pathologists;
- Provide a framework for determining the roles of various professionals in assisting in the delivery of speech pathology services to clients whilst ensuring safety and quality of care to clients is maximised.

Speech Pathology Australia has identified the breadth of speech pathology roles in 'Scope of Practice' (Speech Pathology Australia, 2003), which lists a variety of domains of practice for the profession, delineating the profession's client base, services, contexts, purposes and approaches. In essence it defines the extent of a speech pathologist's role. This document, *Parameters of Practice*, builds on this foundation and highlights the links between training, the speech pathologist's expert body of knowledge, clinical competencies and relationships with other health professionals that create the uniqueness and depth of the speech pathologist's role. This document also prompts speech pathologists to consider relevant clinical governance issues (including credentialing, evaluating and maintaining competency, clinical risk management and commitment to quality assurance) by continuing to evaluate roles to ensure the provision of high quality and safe care to clients.

The *Parameters of Practice* document has been informed by relevant Speech Pathology Australia documents, models and position statements from other professions and international professional associations and is supported by exemplars for specific clinical domains. It is a living document. Its structure anticipates ongoing development of individual scope of practice statements for a range of clinical domains.

Background

Key Statements

- Economic and professional catalysts for developing this document include workforce shortages, ageing population, workforce redesign and training initiatives;
- Speech Pathology Australia supports a suite of initiatives to address workforce shortages;
- It is imperative that the profession identifies the key skills that cannot be transferred to other professions or support staff;
- This document builds on the foundation provided by the Speech Pathology Australia 'Scope of Practice' document (2003).

Current and Future Workforce Issues

Speech pathologists are employed across a number of different industries including education, health, residential care, disability and community services (Australian Job Search, 2005). Economic data, workforce surveys and review of clinical practice reveal that recruitment and retention of speech pathologists and the level of service delivery in all of these industries is affected by the following:

- A shortage of qualified allied health professionals in rural and regional areas in all disciplines, particularly in regions inhabited by indigenous Australians;
- A national shortage of speech pathologists (Australian Job Search, 2005). Significant shortages are evident in education, paediatrics, disability services, locum positions and regional and outer metropolitan areas (Department of Employment and Workplace Relations, 2004). The vacancy level for speech pathology positions is high with 89% of vacancies arising from job change (changing employers), compared with 8% from job openings (speech pathologists leaving the occupation) and 3% from new jobs (employment growth for speech pathologists). (Australian Job Search, 2005);
- Retention issues contributed to, at least in part, by the profession being predominantly female (97.7%), and associated lifestyle factors such as child rearing (Lambier, 2000);
- Relatively young workforce with a majority being no more than 34 years of age (Lambier, 2000). The Australian Bureau of Statistics /Australian Institute of Health and Welfare (2003) indicated that the speech pathology workforce is younger and dominated by the less than 40 years age group (about 63%) as compared to the average Australian workforce (about 52%);
- Low proportion (56%) of speech pathologists in full-time jobs (Australia Job Search, 2005);
- Reduced working hours - speech pathologists working an average of 37.9 hours per week compared to 42.1 hours per week for all occupations (Australia Job Search, 2005), with just 62.5% working more than 4 days per week (Belcher, Kealey, Jones & Humphreys, 2005).

Within the health and community sectors, these workforce shortages are compounded by the impact of the ageing population and changes in the burden of disease. It is predicted "that by 2045, one quarter of all Australians will be aged 65 years or more, double the present level" (Australian Government Productivity Commission 2005, ppXXIV). This change in demography will bring with it an increase in demand for care of chronic conditions such as diabetes and dementia, amongst others. Whilst data is not available regarding other sectors, an increase in demand for services is also likely to occur in the Education, Community and Disability sectors with improved survival rates of premature, chronically ill and disabled infants, together with improvements in early detection of speech and language disorders.

Response to Workforce Issues

Whilst employment of speech pathologists has risen strongly in the past five years (Australian Job Search, 2005), estimates of employment fluctuate. Only slight employment growth is expected for speech pathologists to 2010/11 (Lambier, 2000). In the Australian Government Productivity Commission position paper, 'Australia's Health Workforce' (2005), the Commission acknowledges that initiatives to train more professionals and recruit overseas trained workers will be part of the solution to the current and future workforce shortages. However, the Commission states that these strategies will not be enough on their own and therefore initiatives to increase the efficiency and effectiveness of the professional workforce will need to be found.

Speech Pathology Australia supports the recommendation that a suite of strategies is required to address workforce issues and as such recognises that the profession must:

- Identify opportunities to demonstrate more flexibility in terms of service delivery;
- Improve and retain an emphasis on client-centred service models;
- Increase the use of protocols in the delivery of service;
- Support changes in the scope of speech pathology practice, with a commensurate opportunity to delegate tasks traditionally undertaken by speech pathologists;
- Work with employers to address recruitment and retention difficulties with regard to speech pathologists.

Changes to the scope of practice and/or workforce reforms are only two means of addressing increased service demand. However, these reforms are already being undertaken in several employment sectors. Recent workforce redesign strategies undertaken in the United Kingdom have resulted in role redesign, reallocation of tasks, development of multi-skilled health professional roles and establishment of new teams to deliver health services (National Health Service, 2000).

With mounting pressure to introduce workplace reform into the health and education sectors, it is imperative that Speech Pathology Australia identifies the unique skills that the profession contributes to client management defines the key skills that can only be performed competently with expert knowledge specific to the profession. The issues of role definition and the delegation of skills and tasks have been addressed by other professions within Australia (Australian Physiotherapy Association (APA) 2002; Queensland Nursing Council, 2002) and by speech pathology associations internationally (American Speech and Hearing Association (ASHA), 1996; Royal College of Speech Language Therapists, 2003).

Locally, several documents have been published by Speech Pathology Australia to define the role of a speech pathologist (Appendix A: Documents Guiding Professional and Clinical Practice for Speech Pathologists). Arguably the most important of these is the Speech Pathology Australia Code of Ethics (2000) as this document specifies the standards of integrity and ethical principles to which all members must abide. These principles and values are fundamental to defining the boundaries of professional and clinical practice that ensure the delivery of safe and quality care to clients.

Key Concepts Underlying Safe and Effective Service Delivery

Key Statements

- Clinical governance frameworks must be developed to ensure safe and effective practice;
- Background frameworks may not exist to assess the competency of other professionals and support staff to provide individual components of speech pathology service;
- Credentialing practices, risk management plans and structured supervision must be used to ensure the delivery of safe, high quality services.

Clinical Governance

Clinical governance frameworks allow the development of systems to ensure that services to clients are safe and effective (Sally & Donaldson, 1998). They can provide a vehicle for the creation of processes and documentation to support and define the role of speech pathologists and other professionals or support staff working with speech pathologists to deliver speech pathology services. Such documentation may include:

- Protocols and guidelines defining the scope of practice and practice boundaries within an organisation;
- Position descriptions specifying the tasks that an employee is responsible for performing;
- Risk management strategies indicating that risks associated with new and amended roles have been considered and addressed;
- Identification of minimum training requirements;
- Formalising processes for establishing competency such as credentialing and clinical privileging;
- Formalising processes to ensure adequate supervision.

The following section will further define the responsibility of speech pathologists to develop a clinical governance framework that ensures the delivery of quality care.

Competency

Speech Pathology Australia is committed to the promotion and maintenance of high standards of education, clinical practice and ethical conduct. Accordingly, all speech pathologists wishing to gain practising membership status must meet a set of minimum standards with regard to skills, knowledge base and attitudes as described in the Competency-Based Occupational Standards or CBOS (Speech Pathology Australia, 2001). CBOS (2001) can be applied to evaluate the competency of an Entry-level speech pathologist. However, there are areas of clinical practice that are not adequately defined in the CBOS (2001) document. That is, a practising speech pathologist requires additional specialist expertise beyond the Entry level competencies required for admission to the profession as outlined in CBOS (Speech Pathology Australia, 2001). Speech pathologists may extend their skills through access to mentoring, post-graduate study, enrolment in the Association's Professional Self Regulation program (2003) and other continuing professional development programs. Many practice areas involve skills requiring advanced competency beyond that recognised by CBOS (2001). These may be identified and monitored by the individual work place through position descriptions, key performance indicators and performance review and/or by those professional processes outlined above. Association documents such as Position Papers further delineate specialist skills and knowledge required for practice in specific clinical domains.

The conferring or delegation of tasks traditional to speech pathology practice needs to take account of the substantial background knowledge of the speech pathologist that enables the competent performance of a specific role. It must be recognised that the successful performance of complex professional tasks such as assessment, differential diagnosis, clinical problem-solving and therapy planning relies on the interplay and integration of a broad but closely linked knowledge base rather than on the acquisition of isolated, discrete skills. Therefore, when delegating tasks, the extent to which such a background framework does or does not exist must be carefully considered.

Speech pathologists intending to delegate tasks to another professional are responsible for judging whether that individual is competent with regard to that specific activity. Further to this, the supervising speech pathologist must ensure that the individual has access to the appropriate tools and training required to adequately develop the knowledge and skills underpinning the delegated task. When delegating or devolving tasks, consideration should be given to the granting of specified

privileges for a specified term in a specified context. Regular performance and competency reviews must be built into practice.

Credentialing and Clinical Privileging

Credentialing and clinical privileging support clinical governance frameworks and have a substantial impact on safety and quality of care for clients. Credentialing is used to evaluate and verify whether a healthcare professional possesses the relevant qualifications, skills and experience in order to undertake professional practice at a local organisational level (Australian Council of Safety and Quality in Health Care, 2004). This process is linked to competency assessment. Clinical privileging follows credentialing and defines the scope of the activities that a health care professional can perform within a specific health care organisation. The decision to extend or limit a professional's role will be made in consultation with relevant stakeholders and be consistent with the organisation's policies and procedures.

Speech pathologists need not be registered or licensed to practice in any State or Territory apart from Queensland. Currently, in many workplaces, speech pathologists do not routinely undergo a formal process of credentialing or clinical privileging. However, some workplaces require confirmation of an individual practitioner's eligibility for practising membership of Speech Pathology Australia as part of pre-employment checks.

Recommendations for Credentialing Processes in the Workplace

It is anticipated that the following tasks would be undertaken by individual workplaces for credentialing speech pathologists and support workers:

- Verification of eligibility for practising membership of Speech Pathology Australia (speech pathologists only);
- Verification of competency of all staff in roles that require advanced, specialist or "non-core" skills;
- Development of a job description clearly outlining required experience, training and relevant key selection criteria;
- Convening of a selection panel including at least one experienced/senior clinician, preferably a speech pathologist;
- Provision of resources to facilitate additional training as required;
- Routine structured performance management and performance evaluation by a practitioner skilled and formally qualified in the specified clinical activity;
- Verification of registration status with the Speech Pathologists Board of Queensland (Queensland only).

Risk Management

Risk management frameworks are a means for ensuring that procedures and interventions are as safe as possible and that there are mechanisms in place to monitor risks and to implement change should a risk become too high. A risk management framework targets preventable adverse events and encourages a system-based approach to examine any such events and their causes.

Development of a risk management framework involves identifying the possible risks of introducing a particular procedure, designing a system to minimise risk to the client and putting in place a system to monitor adverse events.

Where speech pathologists or other health professionals are employed in roles that require advanced, specialist or "non-core" skills, a risk management strategy should be considered by supervisors/managers to ensure there is no increased risk to clients through the introduction of a new or amended role.

Supervision

Supervision is the formal process of providing professional support and learning so as to enable individual health professionals to develop knowledge, skills and competency. It aims to encourage self-assessment, critical review and reflective practice. The individual health professional's skills, knowledge and behaviours are evaluated by a supervisor against an expected standard or set of workplace competencies. Ideally, supervisors are experienced health professionals with recognised clinical competency, who provide clinical teaching, professional support and management of another less experienced health professional. These activities are usually undertaken through a formalised supervision process. Speech pathologists or health professionals performing activities delegated to them by a speech pathologist must participate in formal supervision processes as one means of maintaining quality and safety of care to clients.

Through its position statement "The role and value of professional supervision" (Speech Pathology Australia, 2007) the Association acknowledges the importance for all speech pathologists to access discipline-specific professional leadership, support and supervision. The Association advocates minimum standards of supervision and strongly encourages the development of support structures to facilitate and maintain the highest quality of clinical standards. Speech pathologists have a duty to clients, employers and colleagues to obtain and provide professional and clinical support and to promote a culture that acknowledges and embraces the benefits of professional support at an organisational and individual level.

The remainder of this document discusses specific contexts and provides details and exemplars to guide the delegation process.

Tasks not Suitable for Delegation

Key Statements

- Assessment and management of disorders of communication and swallowing are core components of the speech pathologist's scope of practice;
- The provision of communication and swallowing intervention and services to clients should, in most instances, be delivered by speech pathologists rather than non-speech pathologists;
- Successful performance of complex professional tasks such as differential diagnosis, clinical problem-solving and therapy planning relies on the interplay and integration of a broad but closely linked knowledge base and is therefore not transferable.

Speech pathologists may confront situations where practical barriers influence the demands on the clinician to delegate tasks to other health professionals. For example, in rural and remote areas where speech pathology staffing is limited or clients are spread over large geographic areas, clinicians may be required to consider delegation of core speech pathology tasks. These situations are challenging for the speech pathologist but the importance of delivering quality care must remain paramount. While it is preferable that communication and swallowing intervention be delivered by speech pathologists, delegation or sharing of tasks may be appropriate within defined contexts. However, the skill mix of staff must be aligned with the competencies required for the task. The transferability of skills in some clinical areas is limited and this must be considered when working within this model.

Assessment and management of disorders of communication and swallowing are core components of the speech pathologist's scope of practice; the profession's education and training is uniquely structured to equip the qualifying professional with a range of competencies to manage these aspects of human health and wellbeing (Code of Ethics, 2000). Successful performance of complex professional tasks such as differential diagnosis, clinical problem-solving and therapy planning relies on the interplay and integration of a broad but closely linked knowledge base rather than on the acquisition of isolated discrete skills.

Speech Pathology Australia therefore recommends that the following are the exclusive responsibilities of a speech pathologist:

- Informing clients and families about the type, frequency, and duration of services;
- Representing the speech pathology team in all collaborative, interprofessional and interagency meetings, correspondence and reports. This would not preclude the support worker from attending meetings along with the speech pathologist as a team member, or drafting correspondence and reports for editing, approval and signature by the speech pathologist;
- All clinical decision making, including determining client selection for inclusion/ exclusion in caseload, and discharging clients from treatment;
- Communicating with clients, parents and family members about diagnosis, prognosis and treatment plan;
- Conducting diagnostic assessments, evaluations or appraisals, and interpreting obtained data in reports;
- Preparing individualised treatment plans and introducing modifications prior to or during implementation;
- Signing all formal reports.

(Adapted from the American Speech, Language and Hearing Association (2004) Guidelines for the Training, Use and Supervision of Speech-Language Assistants)

Example

A school teacher in a small rural school approached the visiting speech pathologist with a proposal that she would administer the CELF IV to several students about whom she had concerns regarding their language skills. The speech pathologist using the principles of delegation determined that the teacher did not have the specific knowledge or expertise required to administer this test or interpret the results. It was therefore agreed that the speech pathologist would screen the students and formally assess their communication if necessary. The speech pathologist and teacher would then jointly plan a classroom-based intervention program to meet the needs of the students. The two professionals regularly updated the program based upon the students' performance on agreed parameters reported by the teacher. The speech pathologist formally reviewed the students once per term.

Example

An allied health assistant (AHA) working in a health setting has been provided with a communication therapy plan to complete with a client presenting with dysarthria. During the session, the client reported to the AHA that they were having difficulty eating. Using the 'principles of delegation' (page 13) and 'framework for delegation to support personnel' (page 23) the speech pathologist had previously identified with the AHA that analysis and interpretation of assessment information (including client reports) and planning intervention were core responsibilities of a speech pathologist. The AHA was therefore aware that they were unable to act on this new information without referring back to the speech pathologist. The AHA therefore reported the information to the speech pathologist who then assessed the client's eating and swallowing.

Delegating to Allied Health Workers, Assistants, Aides and Multiskilled Workers

Key Statements

- Speech pathologists remain responsible and accountable for care provided by staff under their supervision;
- Speech pathologists must develop key documents, guidelines and protocols to guide the practice of the support worker;
- Speech pathologists must establish the competency of a support worker to complete a task in a specific context;
- Complex speech pathology tasks must not be delegated to non-speech pathologists.

Professional Responsibility of Speech Pathologists Working with Support Staff

Changes to the scope of professional practice and recruitment and retention difficulties with regard to qualified staff are creating pressure to increase the number and scope of practice of support staff (Chartered Society of Physiotherapy, 2002). Such staff may be variously labelled allied health assistants, therapy assistants, language aides, and literacy aides, integration aides or school services officers. For the purposes of this document, such staff will be referred to as 'support staff.' Speech Pathology Australia recognises the value of suitably trained and competent support staff. In some settings they are a key element in the provision of effective, timely and appropriate speech pathology services. However, the role of these workers and the level of training and experience required are often not clearly defined (Speech Pathology Australia, 2005).

It is important that speech pathologists recognise that when working with support staff they, as the treating professional, are responsible and ultimately accountable for the patient care provided by staff under their supervision. The Speech Pathology Australia Code of Ethics (2000) states that speech pathologists must provide appropriate supervision and accept responsibility for the clinical and support staff assigned to them. In doing so they must ensure that support staff members do not:

- Perform a task beyond their competency;
- Breach codes of practice that conform to the Association's Code of Ethics (2000) and clinical standards.

Speech pathologists working with support staff therefore are responsible for determining which tasks can be delegated to support workers and which are beyond their scope of practice. That is, they must develop clear job descriptions and standards/guidelines or protocols to guide the practice of the support worker. The speech pathologist must provide adequate training and then determine the competency of the support worker to undertake the delegated tasks.

Guiding Principles for Delegation to Support Staff

Research in the United Kingdom indicates that the level of involvement of support staff varies from relatively simple to quite sophisticated as a result of delegation (Chartered Society of Physiotherapists, 2002). In clinical settings therefore, speech pathologists must consider the needs of the client, the skill level of the support worker and the type of activity to be undertaken when making decisions about delegation (Queensland Nursing Council, 2002). There are however, some tasks that must not be delegated as they require a depth of knowledge and skill beyond the competency of a support worker (see 'Tasks not suitable for delegation' pg 10).

Appendix 3 provides a detailed analysis of the tasks that may be delegated to support staff with varying levels of experience or training. It also describes the degree of supervision required by the speech pathologist. However, this is a guide only and competency to perform tasks must be established within the specific service delivery setting.

The following key principles should be used when delegating to support staff:

- Support staff must only work under the supervision of the speech pathologist who retains ethical and legal responsibility for client care;
- The supervising speech pathologist must provide adequate training and establish the competency of the support worker to carry out the delegated task;
- Support staff must work within the agreed plan of care and the scope of training provided;
- The plan of care must include appropriate step-up and step-down strategies to enable the support worker to respond appropriately to the client's performance;

- Support staff must be competent to perform appropriate monitoring procedures to allow adjustment of the program as per the agreed plan of care or in consultation with the speech pathologist;
- The speech pathologist must be readily available for consultation and evaluations prior to, during and after the delegation;
- The support worker should be advised of the medico-legal and ethical implications of failing to observe these boundaries.

(adapted from the Arkansas State Board of Physical Therapies, rules and regulations, 2003).

A support worker may not:

- select clients for assessment or intervention;
- perform definitive assessment procedures;
- change any treatment;
- independently alter a plan of care or treatment goals;
- independently draft reports;
- discharge clients from treatment.

Establishing Competency

Selecting tasks to be delegated to both professional and non-professional staff is a complex activity. While the issue remains unresolved in the literature, there is some evidence to suggest that the professional must first be secure in his/her competency in the clinical context in question (Hall & Weaver, 2001). In line with recommendations regarding student supervision, speech pathologists with less than one calendar year of experience (School of Human Communications Sciences, LaTrobe University, 2006) should not be responsible for supervising support staff unless they have received specific training to do so. Experienced speech pathologists working with support staff must have the ability to prepare a session plan that can be used to administer tasks and respond appropriately to client difficulties or change in performance. The speech pathologist must also be able to judge the competency of the support staff/professional with regard to that specific activity (Chartered Society of Physiotherapy, 2002).

Consideration of Expertise, Skills and Experience of Support Staff

Whilst there is currently no mandatory training for support staff, the Australian Federal Government released a policy paper 'Shaping our Future- Australia's national strategy for vocational Education and Training 2004-2010' (Australian National Training Authority, 2003). This paper was the third in a series outlining a policy move to develop a highly skilled workforce. The strategy aimed at developing nationally recognised skills, standards and training for the non-professional workforce. The Federal and State Governments are committed to encouraging all non-professional staff to undertake vocational education and training as specified in the Australian Qualifications Framework (Australian Qualifications Framework Advisory Board, 2002).

Nationally accredited courses are available for general aide training within various industry sectors. These include the:

- Certificate III Health Service Assistance - Client/Patient Services (Flexible Advanced Creative Training Solutions – FACTS)
- Certificate III Government for Integration Aides and Teacher Aides (Box Hill TAFE Institute).

Within the health sector, Certificate III and IV courses in Allied Health Assistance are available through the Community Services and Health Industry Skills Council (CSHISC, 2006). Support workers completing Certificate III operate under direct supervision of allied health staff and do not conduct programs or therapeutic interventions. Those students undertaking Certificate IV may elect to complete modules relevant to particular allied health professions, including speech pathology. In relation to Certificate IV Speech Pathology Assistant course, Speech Pathology Australia has provided detailed feedback regarding the development and refinement of skills and competencies within these modules. It should be noted that speech pathologists do not have a role in the credentialing of support workers undertaking these courses and, with the exception of the Certificate IV Speech Pathology Assistant course, have not contributed to the development of the language and literacy development aspects of the curriculum.

Non-accredited Training for Support Staff

There are currently no guidelines available for speech pathologists providing work-based training for support staff. In this context therefore, speech pathologists must be prepared to undertake carefully structured and planned teaching activities and competency assessment tasks in line with the principles of adult learning theory. Ongoing review of competency must be built into practice.

Example

Delegation to support workers:

A speech pathologist providing service to four primary schools employs two support workers to provide assistance with managing the large caseload. Neither support worker has undertaken formal training.

The speech pathologist develops a formal training plan which commences with basic education regarding speech and language development and the principles underlying speech pathology intervention. The support workers observe group therapy sessions conducted by the speech pathologist, with pre and post group discussion regarding skills such as observation, recording, using the session plan and managing behaviour.

Once adequate knowledge of these key skills is demonstrated, the support workers administer activities under the direct supervision of the speech pathologist. When each support worker is deemed competent to implement session plans, record responses accurately and respond to the students' performance appropriately, they begin to independently operate groups. The speech pathologist meets with the support workers after every session and remains responsible for all session planning, including introduction of new goals and adjustment of the program.

Multiskilled Workers

Multiskilled health workers are persons 'trained to perform more than one function, often in more than one discipline.' (ASHA, 1996 pp 206). There is currently little consensus on the role or required skill mix of such workers, however the National Health Service (NHS) modernisation agency has undertaken projects to develop multiskilled health workers (Duckett, 2005). Given that the implementation of such roles has not been evaluated, Speech Pathology Australia does not at this time support the development of the multiskilled health worker role. The Association does however support the notion that common competencies could be identified amongst allied health professions and used as a basis to explore opportunities for interdisciplinary and transdisciplinary client care in appropriate and defined contexts.

Teamwork in Speech Pathology Practice

Underlying Principles

- Speech pathologists remain responsible and accountable for care provided by staff under their supervision;
- Speech pathologists must establish the competency of a team member when performing tasks normally performed by a speech pathologist;
- Team approaches should be selected by considering the needs of the client group within the relevant context;
- Where speech pathologists are to work outside their usual role or area of expertise, it is imperative to ensure that this altered role is clearly defined and agreed upon by the managing organisation;
- It is essential for speech pathologists to ensure that in any team environment, they are not practicing outside the Speech Pathology Australia Code of Ethics (2000).

Speech pathologists work across a range of settings in a variety of diverse roles. Irrespective of these differences, speech pathologists work within teams to optimise outcomes for clients. Teamwork with clients, families, other allied health professionals and other team members is an integral component of comprehensive and holistic client management. For clients with complex medical, psychological, social, educational and/or developmental needs, strong teams may be more effective than professionals working in isolation (Kavanagh & Cowan, 2004; Beers & Berkow, 2000). Each professional involved in a team brings not only his/her discipline-specific skills, but also contributes to a dynamic process of goal-setting and decision-making, which is enhanced by the contributions of a range of individuals.

Effective teamwork is associated with:

- improved client outcomes;
- a reduction in health intervention errors;
- improved public health and primary care community outcomes;
- reduced inpatient length of stay;
- improved client satisfaction;
- improved staff job satisfaction;
- more effective use of staffing resources;
- enhanced coordination and client-centred goal setting.

These positive outcomes support the allied health professions in shifting toward more integrated teamwork (Leonard, Graham, & Bonacum, 2004; Brooks, 2003; Hurley 2003).

Features of teams that are closely linked with positive outcomes for clients, staff and organisations include:

- Collaboration and communication (including openness, problem solving and conflict management);
- Leadership (including clearly defined team goals, standards and strategies, flexibility and support for innovation);
- Coordination (of activities/interventions, plans, staff and services);
- Clear role delineation and expectations (Mickan, 2005; Raupach, Kaluchy, Margarey & Hurley, 2003; Strasser & Falconer, 1997).

Speech pathologists work within teams that use multidisciplinary, interdisciplinary or transdisciplinary approaches. The Western Michigan University Project, Alliance for Gerontology Education (2002) defines in detail the structure and function of these different teams, and their information is summarised below. Whilst these definitions are outlined in relation to the healthcare sector, the principles are applicable to speech pathology practice.

Multidisciplinary

A multidisciplinary team is composed of members from more than one discipline so that the team can offer a greater breadth of services to clients. Team members work independently and interact formally. Experts from different professions address different aspects of a client's case independently; the client's problems are subdivided and treated in parallel, with each provider responsible only for his or her own area. In a multidisciplinary team, each discipline conducts its own assessment, generates its own treatment plan, implements the plan, evaluates progress, and refines the plan based on its own evaluation. While team members may meet to share and interpret their reports, this model addresses individual impairments separately.

Interdisciplinary

An interdisciplinary team is composed of a group of professionals from several disciplines working interdependently in the same setting, interacting both formally and informally. Separate assessments may be conducted, but team members work to achieve a common goal. Interdisciplinary cooperation requires integration or even modification of the efforts of the contributing disciplines, and demands that the participants take into account the contributions of other team members in making their own contribution. This approach suggests intersecting lines of communication and collaboration. One definition that has been proposed is that an interdisciplinary team is a group of persons who are trained in the use of different tools and concepts, among whom there is an organised division of labour around a common problem with each member using his own tools.

Transdisciplinary

A transdisciplinary approach yields different results from the multidisciplinary and interdisciplinary approaches because it requires each team member to become sufficiently familiar with the concepts and approaches of his/her colleagues so as to blur the disciplinary bounds and focus on the problem as part of a broader phenomenon. As this happens, discipline authorisation fades in importance and the problem and its context guide a broader and deeper analysis. A transdisciplinary team is an interdisciplinary team whose members have developed sufficient trust and mutual confidence to engage in teaching and learning across disciplinary boundaries. In addition to collaboration, team members entrust, prepare, and supervise the sharing of disciplinary functions while retaining ultimate responsibility for services provided in their place by other team members. Disciplinary lines are blurred, and team members share role functions to a high degree.

The selection of a multidisciplinary, interdisciplinary or transdisciplinary approach is based on a number of factors. More recently, workforce shortages, assumed cost benefits and resourcing issues have led to increased debate regarding optimal team approaches and the mixing of skills to deliver care. This debate is stronger in those areas facing significant workforce shortages, such as rural and remote areas. It is important however that these considerations are not solely responsible for determining the team approach.

The selection of team approaches should always be determined by the need of the client group, within the relevant context. This decision making approach is paramount to ensuring best quality care. Speech Pathology Australia recommends that speech pathologists carefully consider the appropriateness of the various team approaches to service delivery, according to context. In many of these contexts a multidisciplinary, interdisciplinary or transdisciplinary approach may be taken for the achievement of positive outcomes for clients. Although these approaches vary, each emphasises the principle that all professionals in the team contribute skills that are unique to their training, background and expert body of knowledge thereby ensuring a comprehensive client management plan. Within each team approach, there is a continued need to ensure role clarity and clearly designated responsibilities surrounding client care.

It is essential that the speech pathologist recognise they may be held responsible for tasks which would normally fall under the expertise of a speech pathologist being delegated to a professional in another discipline. At all times, the speech pathologist must be accountable for his/her decision making, and must ensure competency of a professional in a task prior to allowing full delegation. A number of key legal constructs are invoked by speech pathology practice, as in other areas of clinical health practice. In considering task delegation, the principles of duty of care and vicarious liability are of particular importance (see Appendix 2 for further information).

Examples of Team Approaches in Australia

In the multidisciplinary approach, team members work independently of one another, with formal interactions to share information and provide a breadth of service not possible in isolation.

Example

Multidisciplinary Team: Learning Support Team – Education

Speech pathology service provision in schools involves teams which may include educational psychologists, teachers, speech pathologists and support staff, working together to develop goals and strategies for students. Formal learning support teams involve professionals bringing their areas of specialist knowledge and expertise together to determine the best means of supporting a student in the educational setting, in conjunction with the student/family and the team.

In this example, individual areas of specialty are recognised and professionals often work independently (e.g. classroom withdrawal service delivery). A focus on the student in their educational context ensures all team members work together to develop the most appropriate plan, while acknowledging specific team roles and responsibilities.

The interdisciplinary approach involves professions from several disciplines working interdependently toward a common goal.

Example

Interdisciplinary Team: Disability Services

In the adult disability sector, clients are prepared for work placement, by teams which may include case managers, allied health professionals and residential care officers. A speech pathologist may work closely with an occupational therapist and case manager to determine the level of skills of the client and applicability of these skills to the workforce. Plans for adaptations to the client's workplace layout, equipment, processes and workplace staff strategies are developed by professionals working together. The sharing of individual and common knowledge allows for the development of a holistic plan for the client's work placement.

In this approach, mutual respect and understanding of individual professional roles allows for clear role identity. Collaborative planning of common goals ensures both a united purpose and the utilisation of the specific strengths of individual team members to maximum benefit. The development of the skills of other team members is also a likely outcome.

In the transdisciplinary approach, tasks traditionally carried out by a member of a specific discipline may be shared or delegated among other team members. Issues around transferability of skills and role responsibilities need to be taken into account when considering working within this model.

Example

Transdisciplinary Team: Emergency Rapid Assessment Teams

In some Accident and Emergency departments, key screening teams are utilised to support early Emergency assessment, triage and throughput. These teams may include staff of any allied health discipline, and involve generalised screening of clients across a range of areas. A team member with a background in speech pathology may recommend a client be provided with a gait aide, refer a client for counselling services or recommend assessment for ramps to the entry of a client's home.

In this approach, staff members are encouraged to become "health generalists" with a broad range of generalist skills/knowledge. Potential for lack of specialised skills and knowledge needs to be taken into account, with staff continuing to be held accountable for the care provided, even if practising outside their professional role or scope of practice.

In selecting an appropriate team approach, speech pathologists should continue to first consider the needs of the client group within the relevant context. Where speech pathologists are to work outside their usual role or area of expertise, it is also important to ensure this adjusted role is clearly defined and agreed upon by the managing organisation. It is essential for speech pathologists to ensure that in any team environment, they are not practising outside the Speech Pathology Australia Code of Ethics (2000).

It is important for Speech Pathology Australia to work with universities and allied health associations to identify core competencies relevant to multiple allied health disciplines and collaborate on appropriate training/units. Such competencies are likely to be specific to a client group e.g. aged care, paediatric disability. This will enable the profession to respond to calls for a better understanding of other disciplines, more flexible work practices and reduced duplication of services.

Summary of Key Principles of Delegation

The following principles must be used as a framework for making decisions regarding the delegation of components of traditional speech pathology practice to support workers or colleagues.

Principles of Delegation

The following general principles are adapted in part from those of the Queensland Nursing Council (2002) and must be considered when delegating tasks to support workers or colleagues.

- | | |
|--------------------|--|
| Principle 1 | The primary motivation for delegating a task is to meet the health needs of clients and to improve health outcomes |
| Principle 2 | The task involves observation of discrete and easily-identified behaviours, rather than tasks which require the application of analytical and/or interpretive skills that draw on the unique expert body of knowledge of the speech pathologist. |
| Principle 3 | Education to enable the person to carry out the delegated task is conducted by a qualified speech pathologist. |
| Principle 4 | Competency assessment of the person who is to carry out the delegated task is conducted by a qualified speech pathologist. |
| Principle 5 | Processes exist for ensuring that continuing education and assessment of competency for the delegated task are undertaken. This responsibility lies with the speech pathologist. |
| Principle 6 | The speech pathologist retains responsibility and accountability for the delegated task. |

Transfer of Skills

When transferring a traditional speech pathology skill to non speech pathology support staff the following essential steps must be followed:

- | | |
|---------------|--|
| Step 1 | The speech pathologist must first verify that the skill under consideration is transferable, referring to the above principles. |
| Step 2 | <p>The speech pathologist should determine the contexts and circumstances in which the support staff member may utilise the skill taught. These considerations must include:</p> <ul style="list-style-type: none"> • Use of the skill with a specific client only or with a wider caseload; • Use of the skill under supervision or independently; • The timeframe for which the training remains valid. |
| Step 3 | Processes and resources are established by a qualified speech pathologist for implementation of a thorough training and education program to enable the support staff member to carry out the delegated task. This program should also establish appropriate measures of competency. |
| Step 4 | Competency assessment of the support staff member who is to carry out the delegated task is conducted by the speech pathologist. |
| Step 5 | Competency is regularly reviewed and ongoing education and training provided. |

Summary and Conclusion

In order to maintain the autonomy of the profession, and to ensure that high quality care is provided by professionals with appropriate skills, speech pathologists should consider a range of issues related to teamwork and delegation, including: the nature of team relationships, collaboration, delegation, competencies, ethics, accountability, duty of care and issues of liability.

Speech Pathology Australia recommends that speech pathologists carefully consider the appropriateness of the various team or delegable approaches to service delivery, according to context, and that they do not delegate any activity that requires the unique skill, knowledge and judgment of a speech pathologist.

Future Developments

1. Speech Pathology Australia to develop a framework for credentialing, extended and advanced scope of practice.
2. Speech Pathology Australia to work with accredited training organizations and universities to develop a training package for speech pathologists to assist in working with support staff.
3. Speech Pathology Australia to investigate requirements for offering Associate membership to support workers, particularly those graduating from the Certificate IV Speech Pathology Assistant course. This would enable such workers to access appropriate education and other benefits of the Association.
4. Speech Pathology Australia to collaborate with universities and allied health associations to identify core competencies relevant to multiple allied health disciplines and embark on the development of appropriate collaborative training/units.
5. Speech Pathology Australia, while not in support of the multiskilled health worker role, to monitor and participate in the development of training for this group.

APPENDIX 1 Role of Speech Pathology Australia

Speech Pathology Australia provides a number of key documents and services that enable its members to fulfil the mission/vision as outlined in the Code of Ethics (2000). The following represents the relationship of these documents and services.

Professional	Code of Ethics (2000) Contains the standards of integrity and ethical principles which are the responsibility of all members, which reflect the value base of the profession and form the basis for the decisions of the Ethics Board	Principles of Practice (2001) Provides a guide for the achievement of high standards of service through the broad range of processes used in the provision of quality services, such as service delivery, goal-setting, resources, etc	Scope of Practice (2002) Provides a description of the breadth of professional practice carried out within the speech pathology profession in Australia, outlining its populations, services, contexts, purposes and approaches
Competencies	Competency-Based Occupational Standards (2001) Defines the level and areas of competence expected of an entry-level Speech Pathologist All standards must be met for eligibility for Practising Membership of the Association	Continuing Professional Development Activities Program of learning experiences including journals, short courses, workshops and the National Conference, providing opportunities for development and extension of professional competencies	Professional Self Regulation A personally planned program of learning experiences undertaken by speech pathologists to structure and extend professional competencies Meeting the requirements gives members the right to use a certified title and post nominals.
Practice	Position Papers Provide a guide for best practice in particular clinical domains, and serve as a summary of available evidence, theoretical models and current practice May contain information on advanced competencies for practice within specialised fields of speech pathology Regularly revised	Parameters of Practice (2007) Provides a framework for determining the roles of various professionals in multi-disciplinary management within particular clinical domains relevant to speech pathology practice	

APPENDIX 2 Glossary of Key Terms

Advanced Clinical Competency

Advanced clinical competency requires a practising speech pathologist to gain additional specialist expertise beyond the basic universal competencies required for admission to the profession as outlined in CBOS (2001). That is, the speech pathologist performs functions beyond Entry Level speech pathology competencies but the focus remains within the dimensions or scope of practice of speech pathology (Bates 1970 as cited in Department of Human Services (DHS), 2000). Speech pathologists may extend their skills through specific educational preparation, mentoring, continuing professional development, post-graduate study, enrolment in the Professional Self Regulation program (Speech Pathology Australia, 2003).

Duty of Care

'Duty of care' is a legal concept and a term from the Law of Torts describing the relationship between two parties, in this case between the client and the speech pathologist. The speech pathologist owes a duty of care to the client. Speech pathologists should be aware that they could be liable in a civil action for damages (compensation) if they breach that duty of care. A breach of duty of care may result from a specific action taken by the speech pathologist, a failure to act when action was required, or a statement made that, in the eyes of the law, amounts to a 'negligent misstatement'. The duty involves using the same degree of care that a "reasonable" speech pathologist would exercise in the circumstances. Whether or not there has been a breach would be determined in part by what other speech pathologists working in the same field would have done in the circumstances, and may involve being aware of the recent literature, being aware of current practise carried out by peers, and being familiar with the Speech Pathology Australia Code of Ethics (2000).

Extended Clinical Competency

The focus of extended clinical competency is to extend practice into the dimensions of another profession such as medicine (Bates, 1970 as cited in DHS, 2000). Practitioners providing services requiring extended clinical competency must operate within a strong clinical governance framework. Association documents such as position papers further delineate the specialist skills and knowledge required for practice in specific clinical domains.

Extended clinical competency can be benchmarked against the nursing profession, where extensions to practice are the domain of nurse practitioners. In Victoria there are five domains of extension: ordering and interpreting diagnostics, prescribing, admitting & discharging patients, referring and completion of absence from work certificates. In nursing, extensions to practice are governed by legislative frameworks (DHS, 2000).

Legal Issues

It is difficult to establish with any degree of certainty the legal implications of training other health professionals to conduct tasks related to the speech pathologist's scope of practice. The legal context of practice continues to change, and it is impossible for a document such as this to provide directives in the legal context.

However, as ASHA notes, "Speech-Language Pathologists (SLPs) could be held responsible for a professional in another discipline working under the auspices of SLP training" (1996). The APA (2002) reiterates this position, stating "Physiotherapists shall accept responsibility for all treatment provided by others acting under their supervision".

A number of key legal constructs are invoked by speech pathology practice, as in other areas of clinical health practice, and in considering task delegation the principles of duty of care and vicarious liability are of particular importance.

Newly Graduated Speech Pathologists

Although speech pathology training shares common elements with other health professions in its early stages, curriculum content becomes increasingly specific as the course progresses. The curriculum and student clinical experiences are evaluated against CBOS (2001). Courses deemed to equip its graduates to meet these standards are accredited by the Association and its graduates become eligible for practising membership of Speech Pathology Australia.

Overseas Credentials

Persons who trained in speech pathology outside Australia must demonstrate that they meet the Competency Based Occupational Standards (2001) before their credentials are recognised for practice within Australia.

Professional Re-Entry

Speech pathologists who have previously been eligible for practising membership but who have not worked 1000 hours in a 5 year period undergo a Re-Entry program (Speech Pathology Australia, 2003). The purpose of this program is to update an applicant's knowledge base and re-establish professional networks. CBOS (2001) guides this process.

Vicarious Liability

The term 'vicarious liability' refers to situations where a speech pathologist does not carry out the intervention but has instructed and/or supervises someone else to conduct the intervention. In this case, the law would hold the advising/supervising speech pathologist liable as if s/he were carrying out the intervention him/herself. In other words, the same standard of care would be required as if the speech pathologist was promoting himself/herself as the person with the knowledge and skills. The fact that he/she did not actually carry out the intervention would be irrelevant in the eyes of the law (Speech Pathology Australia, 2004).

The Australian population is becoming better informed and more actively involved in the decisions made regarding their own health care, and the potential for litigation increases accordingly. Speech pathologists are advised to act with caution when delegating tasks other than to qualified speech pathologists.

APPENDIX 3 Delegation of Tasks to Speech Pathology Support Personnel

The following table is reproduced (with permission) from the Royal College of Speech and Language Therapists *Competencies Project: Support Practitioner Framework* (2002). This table has been adapted to use the Entry-Level competencies as set out in the Speech Pathology Australia Competency-Based Occupational Standards for Speech Pathologists (2001).

Career stage	Newly appointed support worker	Established support worker or worker with discipline specific training	Other professional (Allied health/nursing professional)
Unit 1: Assessment			
1.1 Establishes and documents the presenting communication and/or swallowing condition and issues: identifies significant others and collates information	Not to be delegated	Not to be delegated	Working on specified screening tasks in specified contexts with support, supervision and direction
1.2 Identifies the communication and/or swallowing condition requiring investigation and the most suitable manner in which to do this	Not to be delegated	Not to be delegated	Working on specified screening tasks in specified contexts with support, supervision and direction
1.3 Administers speech pathology assessment	Not to be delegated	Not to be delegated	Not to be delegated
1.4 Undertakes the assessment within ethical guidelines and relevant legislation	Not to be delegated	Not to be delegated	Not to be delegated
Unit 2: Analysis and Interpretation			
2.1 Analyses and interprets speech pathology assessment data	Not to be delegated	Not to be delegated	Not to be delegated
2.2 Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill those gaps	Not to be delegated	Not to be delegated	Working on specified tasks in specified contexts with support, supervision and direction. Actively seeks information from speech pathologist
2.3 Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes	Not to be delegated	Not to be delegated	Not to be delegated
2.4 Reports on analysis and interpretation	Not to be delegated	Not to be delegated	Not to be delegated
2.5 Provides feedback on results of interpreted speech pathology assessments to the client and significant others and discusses management.	Not to be delegated	Not to be delegated	Not to be delegated

Career stage	Newly appointed support worker	Established support worker or worker with discipline specific training	Other professional (Allied health/nursing professional)
Unit 3: Planning of Intervention			
3.1 Uses integrated and interpreted information relevant to the communication or swallowing issues to plan speech pathology intervention	Not to be delegated	Not to be delegated	Not to be delegated
3.2 Seeks additional information required to plan speech pathology intervention	Not to be delegated	Actively seeks information from speech pathologist	Working on specified tasks in specified contexts with support, supervision and direction
3.3 Discusses long-term outcomes and decides in consultation with client , whether or not speech pathology strategies are appropriate or required	Not to be delegated	Not to be delegated	Not to be delegated
3.4 Selects speech pathology program or intervention in conjunction with the client & significant others	Not to be delegated	Not to be delegated	Working on specified tasks in specified contexts with support, supervision and direction
3.5 Establishes goals for intervention	Not to be delegated	Not to be delegated	Not to be delegated
3.6 Defines roles & responsibilities for the management of the client's swallowing or communication issues	Negotiated with speech pathologist	Negotiated with speech pathologist	Negotiated with speech pathologist
3.7 Documents speech pathology intervention plans, goals, outcomes, decision and discharge	Recording outcomes of specific sessions with high level of support and supervision. Does not discharge clients	Records outcomes of specific sessions with high level of support and supervision. Does not discharge clients	Documents specified tasks and outcomes with support and indirect supervision. Does not discharge clients
Unit 4: Speech Pathology Intervention			
4.1 Establish rapport	√	√	√
4.2 Implements speech pathology intervention program based on assessment, interpretation and planning	Working with a high level of support, direct supervision and direction	Able to work independently on specified tasks with indirect supervision from speech pathologist. Working with direct supervision on more complex tasks	Working on specified tasks in specified contexts with support, indirect supervision and direction provided through discussion
4.3 Undertakes continuing evaluation of speech pathology intervention & modifies as necessary	Working with a high level of support, direct supervision and direction.	Able to work independently on specified tasks with indirect supervision from speech pathologist. Working with direct supervision on more complex tasks	Working on specified tasks in specified contexts with support, indirect supervision and direction provided through discussion

Career stage	Newly appointed support worker	Established support worker or worker with discipline specific training	Other professional (Allied health/nursing professional)
4.4 Documents progress and changes in speech pathology intervention	Working with a high level of support, direct supervision and direction. All documentation must be checked and co-signed by the speech pathologist	All documentation must be checked and co-signed by the speech pathologist	Working on specified tasks in specified contexts with support, indirect supervision and direction provided through discussion
4.5 Undertakes management & implementation within ethical guidelines of the profession & all relevant legislation & legal constraints, including medico-legal responsibilities	√	√	√
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services			
5.1 Responds to service provider's policies	Working with a high level of support, direct supervision and direction	Consulting with speech pathologist for interpretation, response & clarification of responsibilities	Working collaboratively with speech pathologist to interpret, respond & clarify responsibilities
5.2 Uses and maintains an efficient information management system	√	√	√
5.3 Uses service provider's electronic systems	√	√	√
5.4 Manages workload	Manages workload with direct supervision and support	√	√
5.5 Updates, acquires and/or develops resources	Working with a high level of support, direct supervision and direction	Can work independently on specified tasks with indirect supervision from speech pathologist. Working with direct supervision on more complex tasks	Working on specified tasks in specified contexts with support, indirect supervision and direction provided through discussion
5.6 Consults & coordinates with professional groups & services	With the assistance and support of the speech pathologist	With the assistance and support of the speech pathologist	Working collaboratively with speech pathologist
5.7 Demonstrates adherence to professionally accepted scientific principles in work practices	Working with a high level of support, direct supervision and direction	Can work independently on specified tasks with indirect supervision from speech pathologist. Working with direct supervision on more complex tasks	Working on specified tasks in specified contexts with support, indirect supervision and direction provided through discussion
5.8 Collaborates in research initiated and/or supported by others	As directed by speech pathologist	As directed by speech pathologist	Working collaboratively with speech pathologist
5.9 Participates in evaluation of speech pathology services	As directed by speech pathologist	As directed by speech pathologist	Working collaboratively with speech pathologist

Career stage	Newly appointed support worker	Established support worker or worker with discipline specific training	Other professional (Allied health/nursing professional)
Unit 6. Professional Group and Community Education			
6.1 Identifies the practice of SP in a range of community contexts	Not to be delegated	Not to be delegated	Not to be delegated
6.2 Develops, contributes to and maintains professional and team based relationships in practice contexts	√	√	√
6.3 Undertakes preventative, educational and promotional projects on speech pathology and other related topics as part of team with other professionals	Not to be delegated	With the assistance and support of the speech pathologist	Working collaboratively with speech pathologist
6.4 Demonstrates an understanding of principles & practices of clinical education	Not to be delegated	Not to be delegated	May be required to offer demonstrate techniques or share skills with students
Unit 7. Professional Development			
7.1 Upholds Code of Ethics	√	√	√
7.2 Continues professional development	Learning needs are identified and determined by speech pathologist	√	√
7.3 Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop these networks	Not to be delegated	Learning needs are identified and determined by speech pathologist	Identified collaboratively with speech pathologist
7.4 Develops personal growth and professional identity as a speech pathologist	Must engage in evaluative practice. Must not represent self as a qualified speech pathologist at any time	Must engage in evaluative practice. Must not represent self as a qualified speech pathologist at any time	Must engage in evaluative practice. Must not represent self as a qualified speech pathologist at any time

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